

**PLAN REVIEW/FINANCIAL RESPONSIBILITY/OWNERSHIP FORM
CATAWBA COUNTY CODE OF ORDINANCES, CHAPTER 16 ARTICLE V
SOIL EROSION AND SEDIMENTATION CONTROL**

No person may initiate any land-disturbing activity on one or more acres as covered by the Ordinance before this form and an acceptable erosion and sedimentation control plan have been completed and approved by the Catawba County Utilities and Engineering Department. (Please type or print, and if question is not applicable, place N/A in the blank)

PART A

1. Job Name _____
2. PIN or 911 address _____
3. Purpose of development (residential, commercial, industrial, institutional, etc.) _____
4. Approximate soil disturbance date _____
5. Total acreage disturbed or uncovered (including off-site borrow and waste areas) _____
6. Has an erosion and sedimentation control plan been filed? Yes _____ No _____ Attached _____
7. If you have an Erosion Control billing account, would you like this to be billed? Yes _____ No _____
Account number _____

PEOPLE

8. Person to contact should erosion and sediment control issues arise during land-disturbing activity
Name _____ E-mail address _____
Telephone _____ Cell # _____ Fax # _____
9. Landowner(s) of Record (attach accompanied page to list additional owners)

Name	Telephone	Fax Number
Current Mailing Address	Current Street Address	
City State Zip	City	State Zip
10. Deed Book No. _____ Page No. _____

PART B

1. Person(s) or firm(s) who are financially responsible for the land-disturbing activity (Provide a comprehensive list of all responsible parties on an attached sheet):

Name	E-mail Address
Current Mailing Address	Current Street Address
City State Zip	City State Zip
Telephone	Fax Number

- 2.(a) If the Financially Responsible Party is not a resident of North Carolina, give name and street address of the designated North Carolina Agent:

Name	E-mail Address
Current Mailing Address	Current Street Address
City State Zip	City State Zip
Telephone	Fax Number

2. (b) If the Financially Responsible Party is a Partnership or other person engaging in business under an assumed name, **attach a copy of the Certificate of Assumed Name**. If the Financially Responsible Party is a Corporation, give name and street address of the Registered Agent:

Name of Registered Agent	E-mail Address
Current Mailing Address	Current Street Address
City State Zip	City State Zip
Telephone	Fax Number

The above information is true and correct to the best of my knowledge and belief and was provided by me under oath (This form must be signed by the Financially Responsible Person if an individual or his attorney-in-fact, or if not an individual, by an officer, director, partner or registered agent with the authority to execute instruments for the Financially Responsible Person). I agree to provide corrected information should there be any change in the information provided herein.

Type or print name	Title or Authority
Signature	Date

I, _____, a Notary Public of the County of _____
State of North Carolina, hereby certify that _____ appeared
personally before me this day and being duly sworn acknowledge that the above form was executed by him.

Witness my hand and notary seal, this _____ day of _____, 200__.

Seal

Notary

My commission expires _____